

FIG. 1

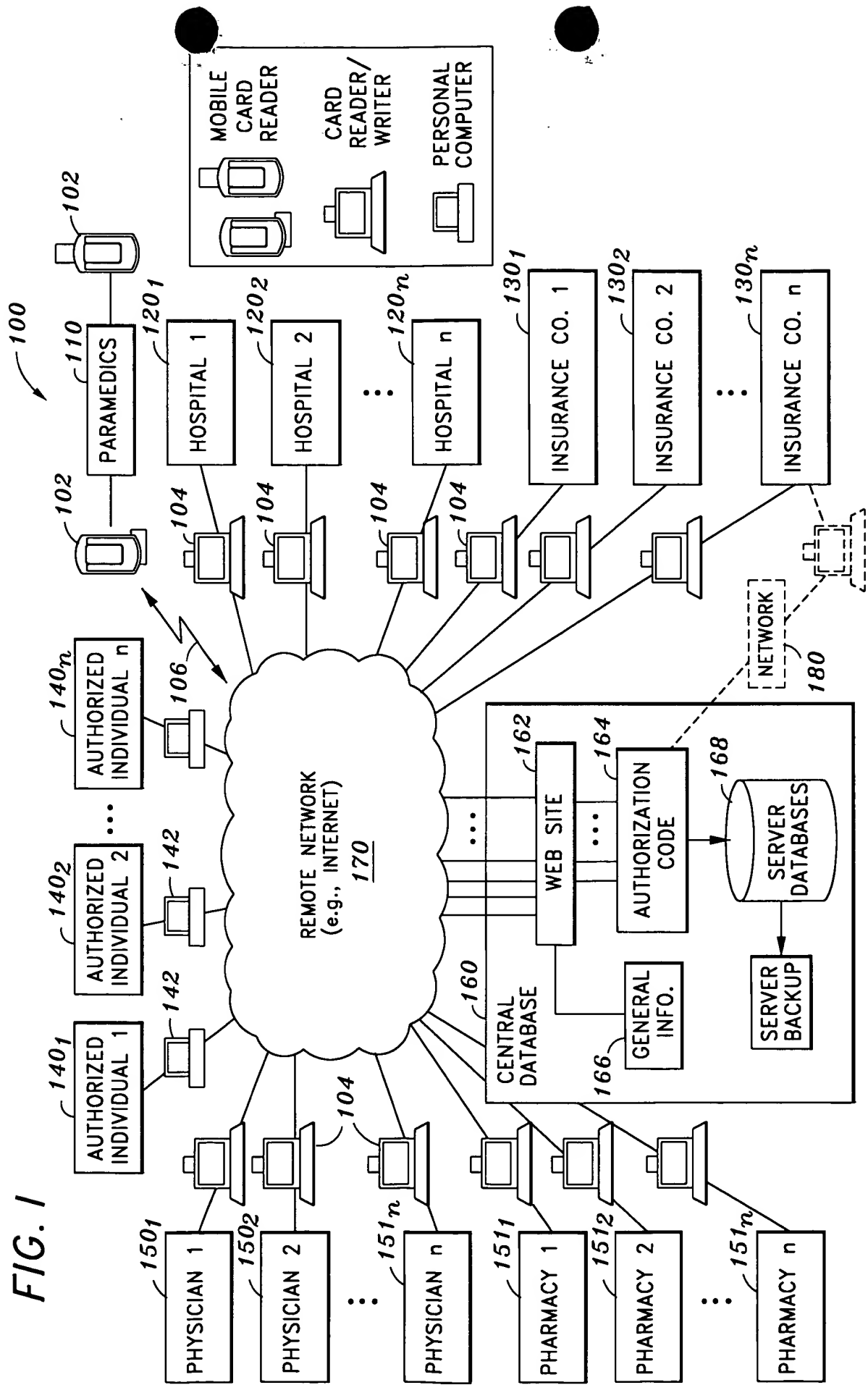


FIG. 2A

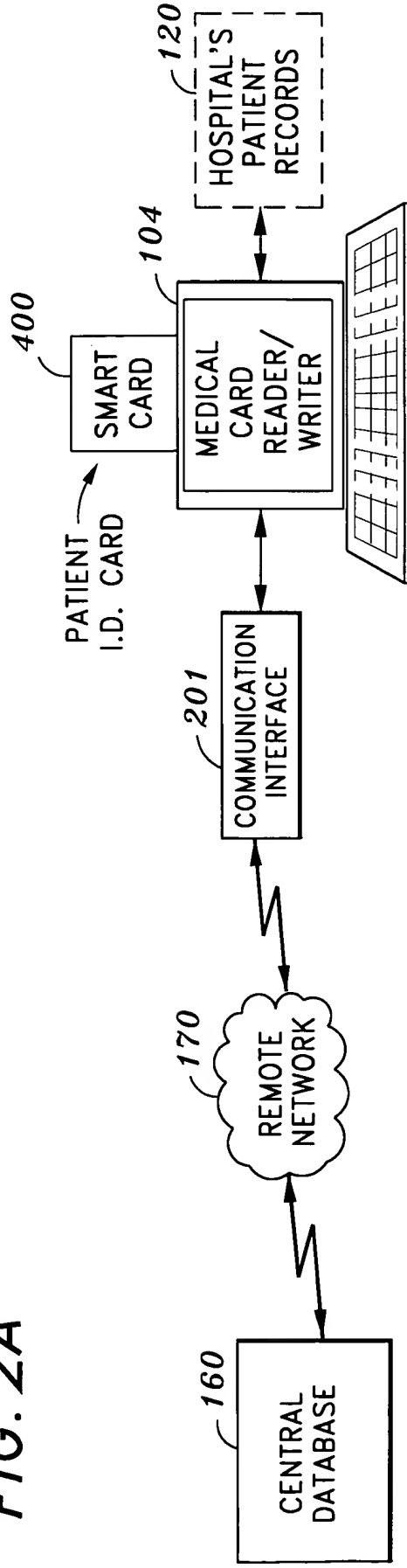
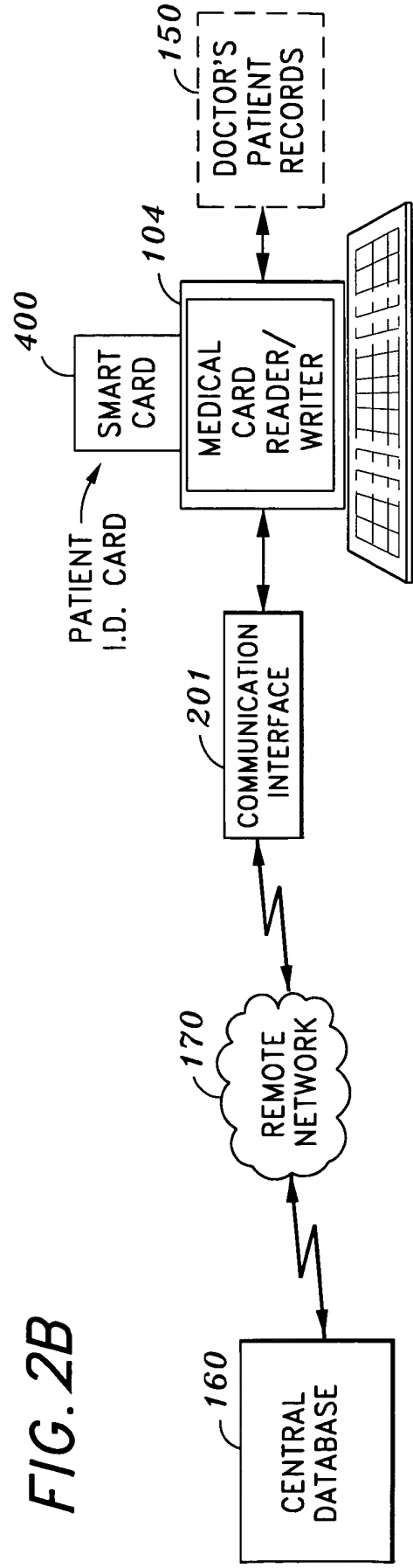


FIG. 2B



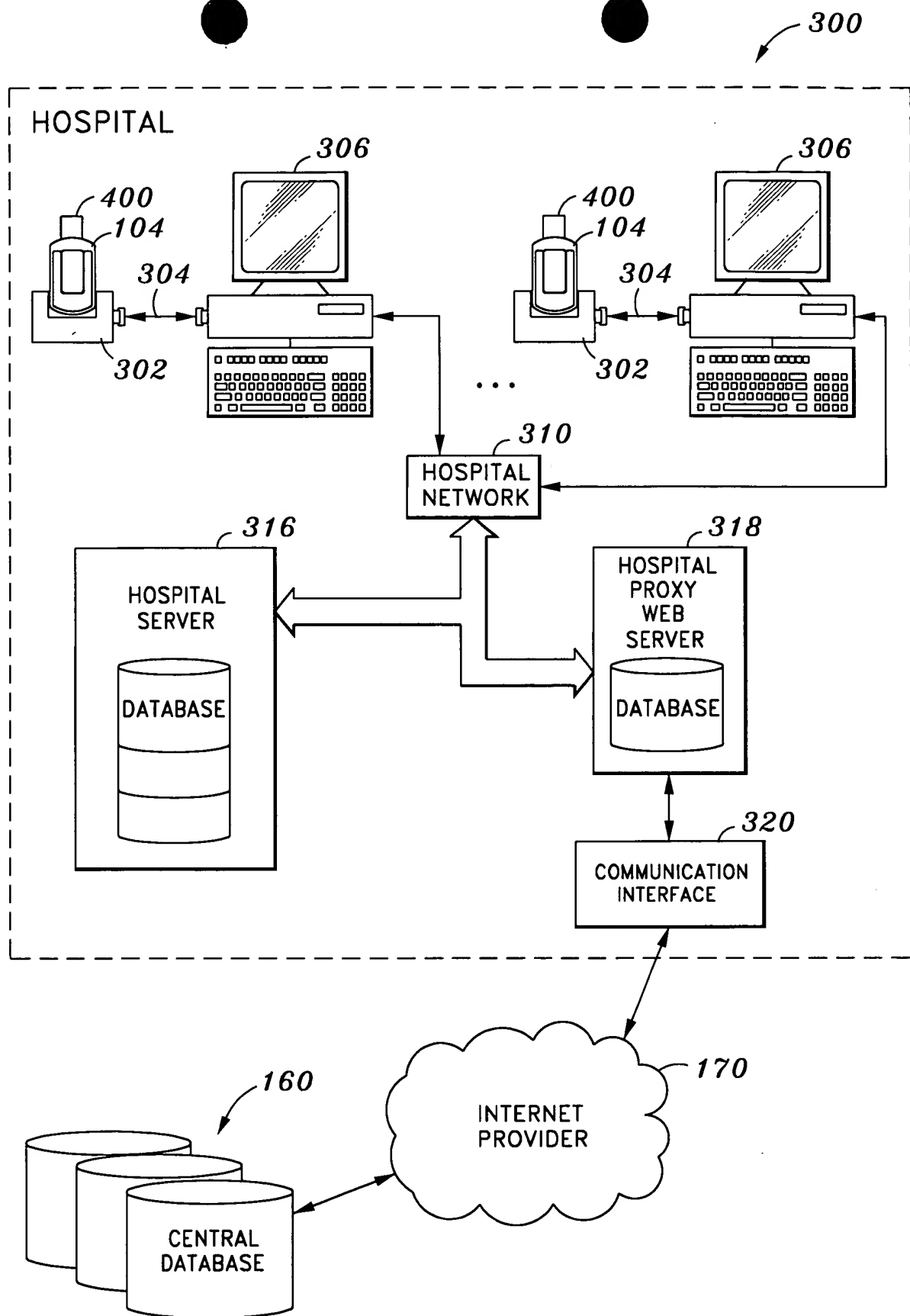


FIG. 3

SENDING UPDATED RECORDS (FILES) TO CENTRAL DATABASE

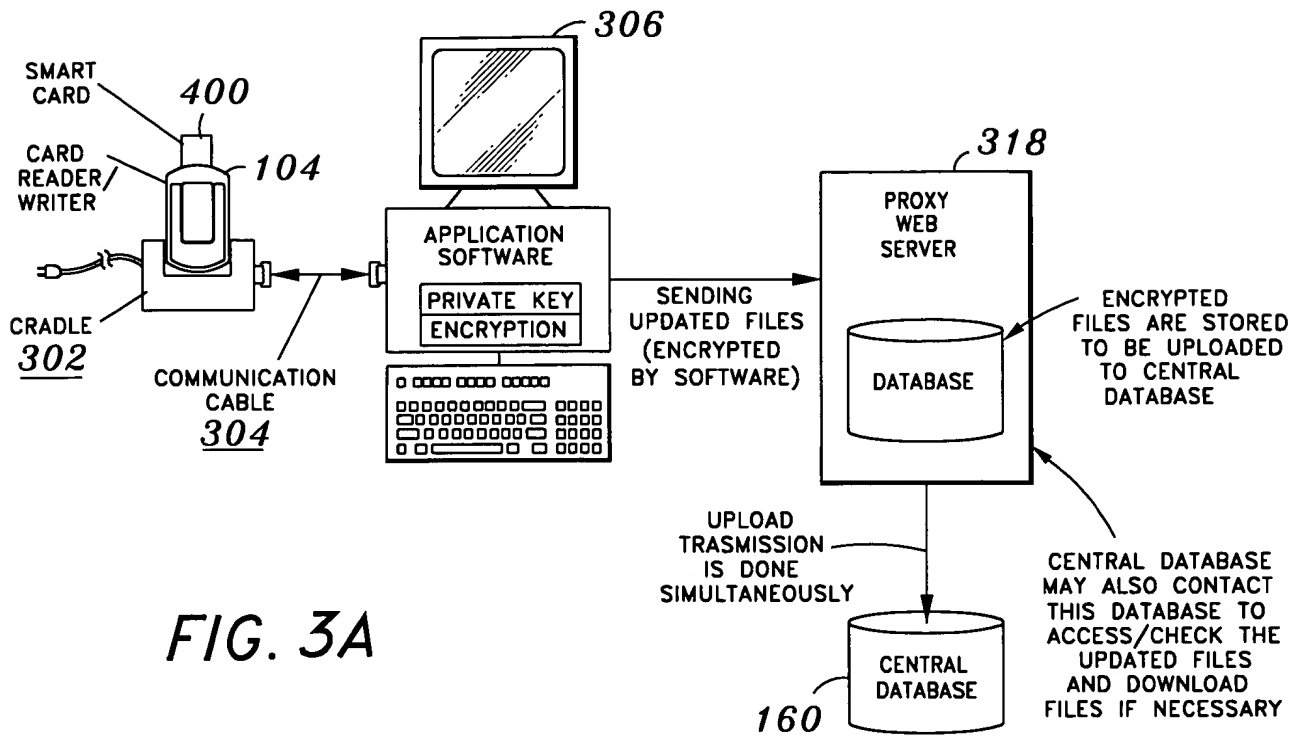


FIG. 3A

RECEIVING UPDATED RECORDS (FILES) FROM CENTRAL DATABASE AS NEEDED TO UPDATE PATIENT INFORMATION RECORDS

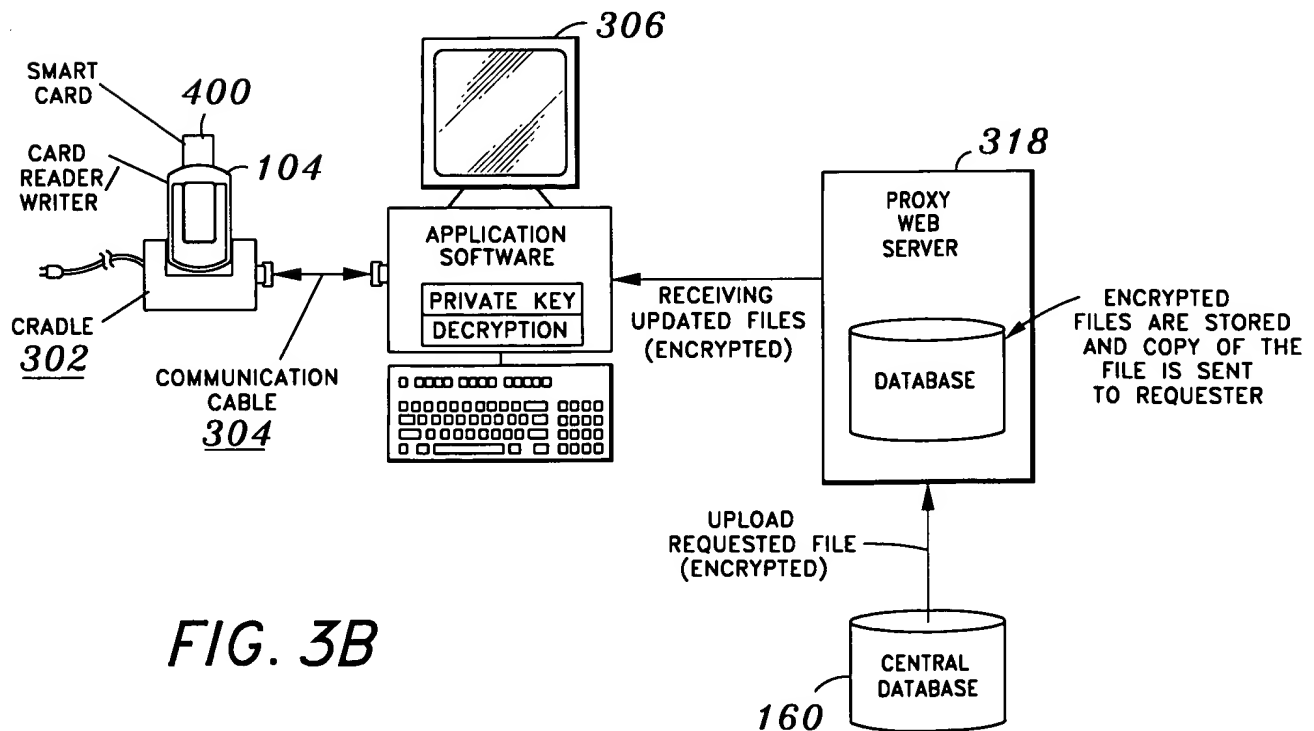


FIG. 3B

FIG. 4

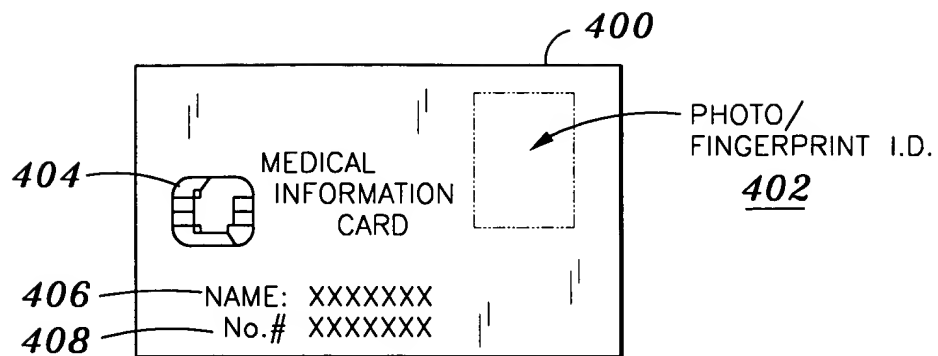


FIG. 5

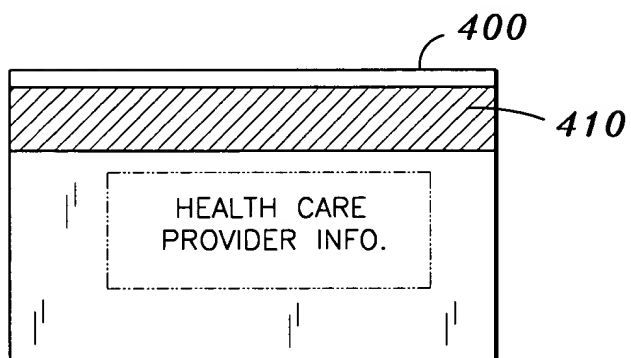


FIG. 6

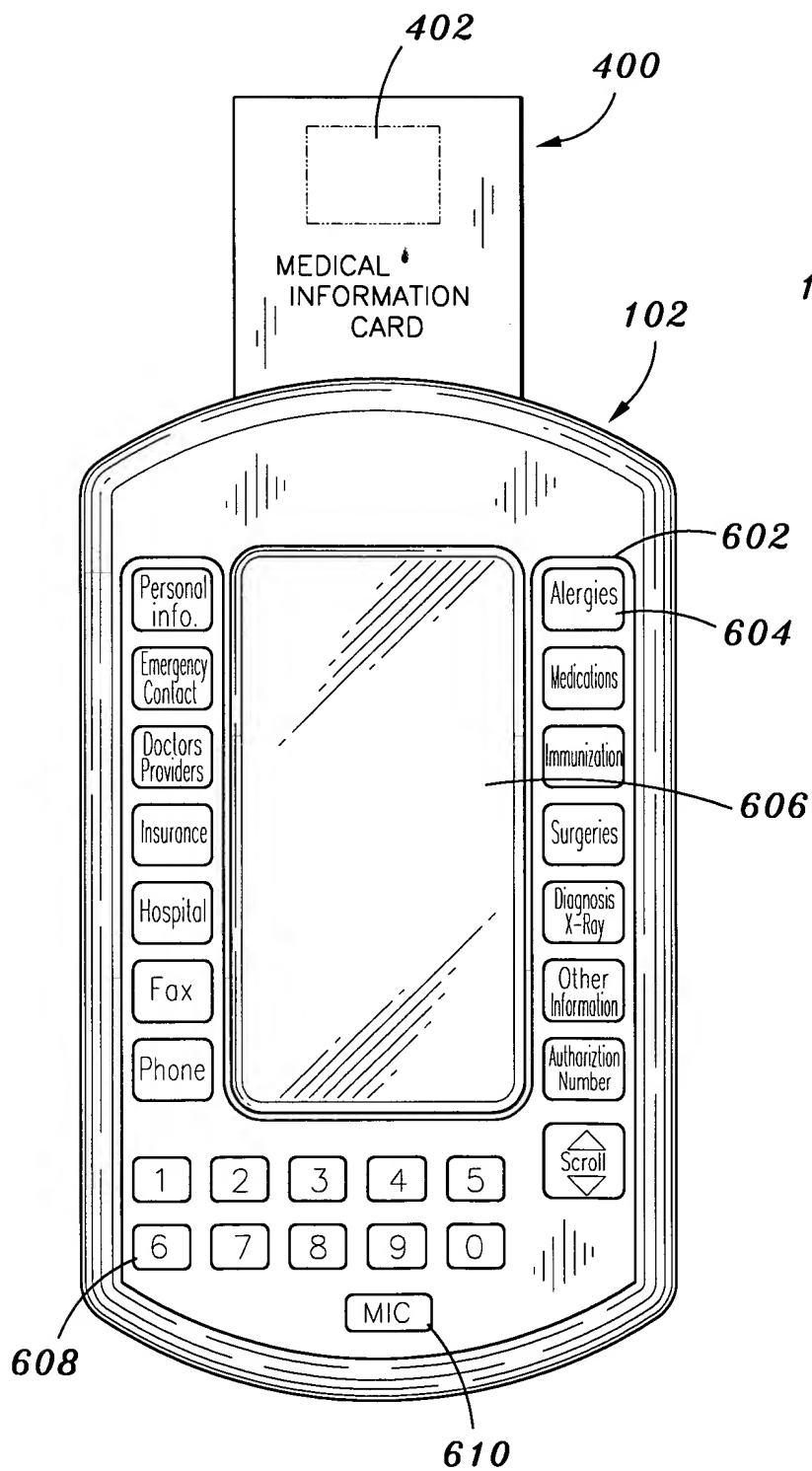


FIG. 7

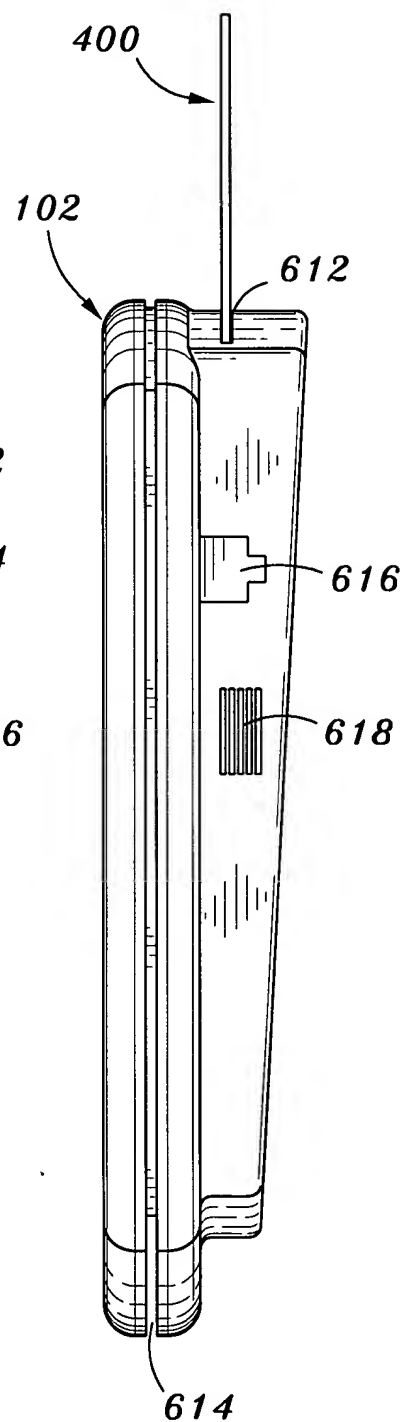
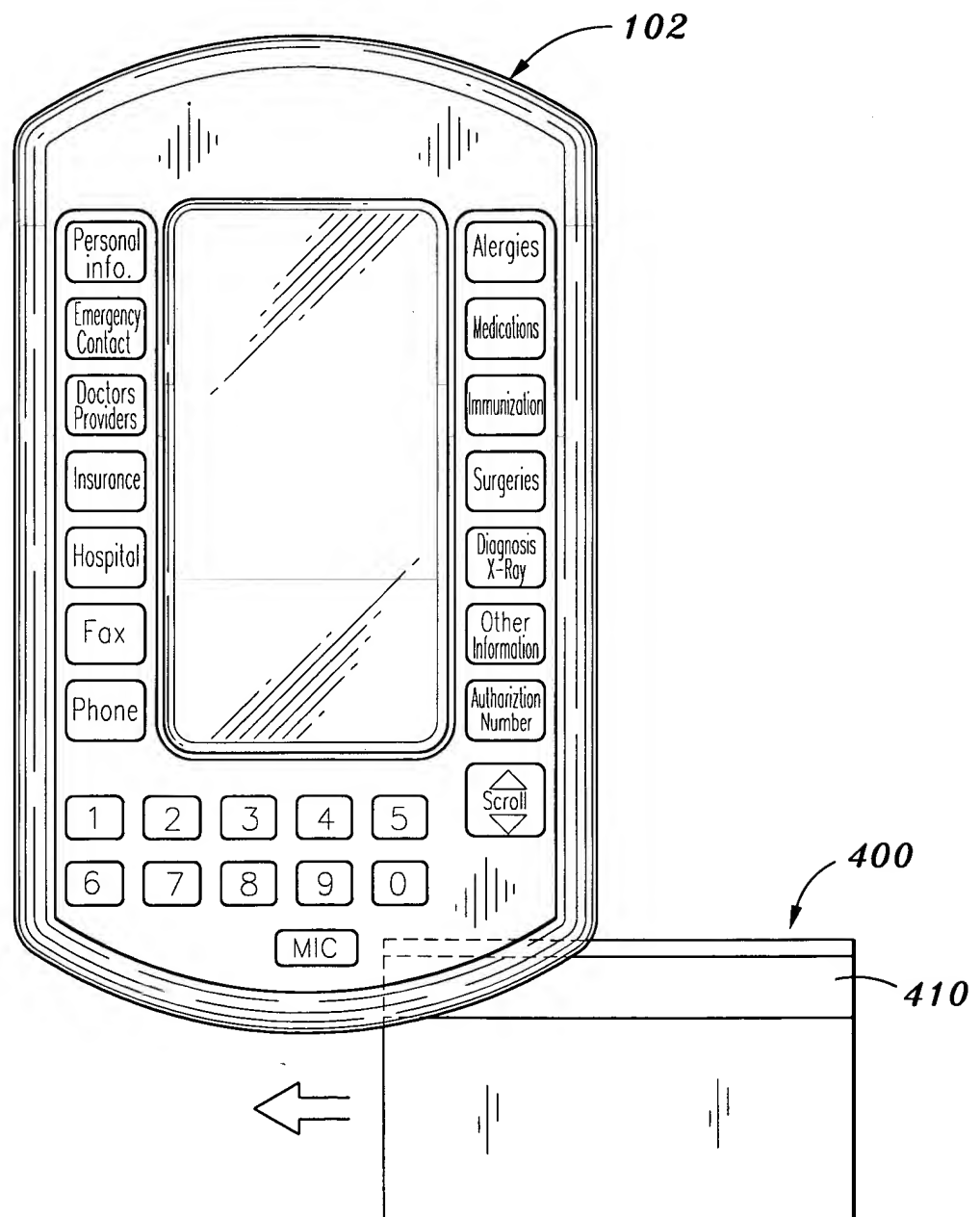


FIG. 8



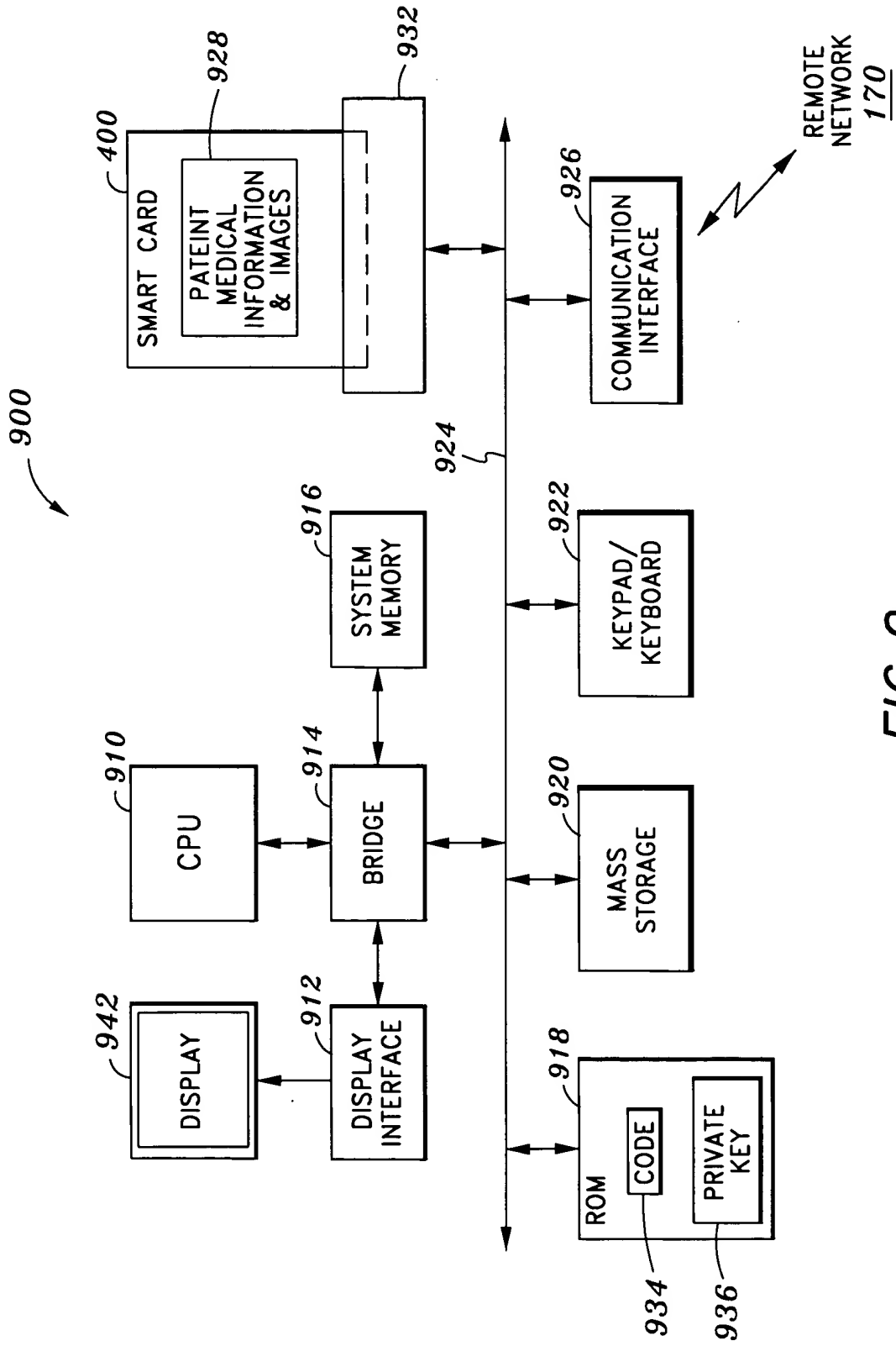


FIG. 9

Immunizations	Insurance Information	Updates
Diagnoses	Surgical Procedures	Current Medications
Health Care Provider		
Personal Information	Emergency Contact	Medical - Hospital Information
Allergies		

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
Social Security Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	Male	<input type="radio"/>
				Female	<input type="radio"/>
Street Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>		

FIG. 10

Personal Information	Emergency Contact	Medical - Hospital Information	Allergies
Immunizations	Insurance Information	Updates	
Diagnoses	Surgical Procedures	Current Medications	Health Care Provider

Current Medications:	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Comments:	<input type="text"/>
	<input type="checkbox"/> Other Medications

Add Entry	Edit Entry	Delete Entry
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FIG. 11

Diagnoses	Surgical Procedures	Current Medications	Health Care Provider
Personal Information	Emergency Contact	Medical - Hospital Information	Allergies
Immunizations	Insurance Information	Updates	

Primary Insurance			
Company Name:			Policy Number:
Group Number:		Phone:	Pre-Cert Phone:
Address:			
City:		State:	Zip Code:

Guarantor			
Policy Holder:			SSN:
Phone:		Employer:	

Secondary Insurance			
Company Name:			Phone:
Policy Number:		Group Number:	

FIG. 12

Immunizations	Insurance Information	Updates
Diagnoses	Surgical Procedures	Current Medications
Personal Information	Emergency Contact	Medical - Hospital Information
Allergies		

Hospital Preference:		
Last Hospital Admitted:		
Admission Date:		/ /

Organ Donor	<input type="checkbox"/>	Blood Type:	
Living Will	<input type="checkbox"/>	Comments:	
Verified	<input type="checkbox"/>		

FIG. 13

Personal Information	Emergency Contact	Medical - Hospital Information	Allergies
Immunizations	Insurance Information	Updates	
Diagnoses	Surgical Procedures	Current Medications	Health Care Provider

Listed by: Name, Specialty, and Phone

FIG. 14

Immunizations	Insurance Information	Updates
Diagnoses	Surgical Procedures	Current Medications
Health Care Provider	Personal Information	Emergency Contact
Medical - Hospital Information	Allergies	

Allergies:

Comments:

FIG. 15

Diagnoses		Surgical Procedures		Current Medications		Health Care Provider	
Personal Information		Emergency Contact		Medical - Hospital Information		Allergies	
Immunizations		Insurance Information		Updates			

Vaccine:	Date:	Vaccine:	Date:	Vaccine:	Date:
<input type="checkbox"/> Hepatitis A	//	<input type="checkbox"/> DTaP	//	<input type="checkbox"/> MMR	//
<input type="checkbox"/> Hepatitis A	//	<input type="checkbox"/> Td	//	<input type="checkbox"/> MMR	//
<input type="checkbox"/> Hepatitis B	//	<input type="checkbox"/> Hib	//	<input type="checkbox"/> Measles	//
<input type="checkbox"/> Hepatitis B	//	<input type="checkbox"/> Hib	//	<input type="checkbox"/> Varicella	//
<input type="checkbox"/> Hepatitis B	//	<input type="checkbox"/> Hib	//	<input type="checkbox"/> Influenza	//
<input type="checkbox"/> DTaP	//	<input type="checkbox"/> Polio	//	<input type="checkbox"/> Pneumovax	//
<input type="checkbox"/> DTaP	//	<input type="checkbox"/> Polio	//		
<input type="checkbox"/> DTaP	//	<input type="checkbox"/> Polio	//		
<input type="checkbox"/> DTaP	//	<input type="checkbox"/> Polio	//		

<input type="checkbox"/> TB Skin Test	//
<input type="radio"/> Positive	<input checked="" type="radio"/> Negative

FIG. 16

Personal Information		Emergency Contact		Medical - Hospital Information		Allergies	
Immunizations		Insurance Information		Updates			
Diagnoses		Surgical Procedures		Current Medications		Health Care Provider	

Diagnoses:		
Comments:		
	<input type="checkbox"/> Other Diagnosis	

Add Entry	Edit Entry	Delete Entry
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FIG. 17

Immunizations	Insurance Information	Updates
Diagnoses	Surgical Procedures	Current Medications
Health Care Provider	Personal Information	Emergency Contact
Medical - Hospital Information	Allergies	

Last Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
First Name:	<input type="text"/>	Relationship:	<input type="text"/>

Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
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Comments:

FIG. 18

Diagnoses	Surgical Procedures	Current Medications	Health Care Provider
Personal Information	Emergency Contact	Medical - Hospital Information	Allergies
Immunizations	Insurance Information	Updates	

<input type="radio"/> Included	Date Issued	<input type="text"/>
<input checked="" type="radio"/> Extra	Date Updated	<input type="text"/>

FIG. 19

Personal Information | Emergency Contact | Medical - Hospital Information | Allergies |
Immunizations | Insurance Information | Updates |
Diagnoses | **Surgical Procedures** | Current Medications | Health Care Provider |

Surgical Procedures:

Comments:

☐ Other Procedures

ADD ENTRY EDIT ENTRY DELETE ENTRY

FIG. 20